

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
SEE DETERMINATION	VT	69007	12/1/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	11A	858	30-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N .....  
 = ..... Allowed      I .....  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	37	12-6-00	
2	38	5-13-01	
3	39	9-14-01	
4	40		
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Claim	Final	Original	Date
15	51	5-15-01	
16	52		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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